

Docket No.: 1232-4671**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : OKADA et al.

Serial No. : 09/753,726

Group Art Unit: 2172

Filed : January 3, 2001

Examiner: CORRIELUS, Jean M.

For : AUTOMATIC MANHOUR SETTING SYSTEM AND METHOD,
DISTRIBUTED CLIENT/SERVER SYSTEM, AND COMPUTER
PROGRAM STORAGE MEDIUMRECEIVED
CENTRAL FAX CENTER
SEP 20 2004Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT AND REQUEST FOR RECONSIDERATION**

This Amendment And Request for Reconsideration is submitted in response to the Office Action dated June 18, 2004. Under 37 C.F.R. §1.7, the due date for responding without the need for an extension of time is September 20, 2004 as September 18 falls on a Saturday. Reconsideration is respectfully requested in view of the following.

Please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper; and

Remarks begin on page 15 of this paper.

01 FC:1201

258.00

86820851

11/18/2004 MAILRENC 00000001 13:00

09/25/2004



PATENT
S/N: 09/753,726

Docket No. 1232-4671

believed allowable for at least similar reasons. Applicants however, reserve the right to address such rejections should such response be necessary and appropriate.

Thus, Applicants respectfully submit that the invention as recited in claims 1-45 as presented herein is neither anticipated by, nor rendered obvious in view of, the cited references Frisina and/or Matsuzaki, taken individually or in combination, and respectfully request that the rejections in view thereof, and the stated objections be withdrawn.

CONCLUSION

In view of the foregoing, Applicants submit that claims 1-45 as herein presented are allowable over the prior art of record and that the application hereby placed in condition for allowance which action is earnestly solicited.

Applicants believe no additional fees are required for this paper and that no extension of time is required. However, should an extension of time be necessary to render this filing timely, such is hereby petitioned, and the Commissioner is hereby authorized to charge any additional fees which may be required for this paper, or credit any overpayment, to Deposit Account No. 13-4500, Order No. 1232-4671.

In the event that a telephone conference would facilitate prosecution, the Examiner is invited to contact the undersigned at the number provided.

Respectfully submitted,
Morgan & Finnegan, L.L.P.

Dated: September 20, 2004

By:


Stephen D. Manetta
Reg. No. 40,426

CORRESPONDENCE ADDRESS:
MORGAN & FINNEGAN, L.L.P.
3 World Financial Center
New York, New York 10281-2101
(212) 415-8700 (Telephone)
(212) 415-8701 (Telecopier)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/1453420

CLAIMS AS FILED – PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	43 minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR

OR

OR

OR

OR

OR

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	39	Minus	43 = -
	Independent (37 CFR 1.16(b))	6	Minus	3 = 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE	ADDI- TIONAL FEE
X \$ 9 =	
X \$ 13 =	
+ \$ 145 =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ 18 =	
X \$ 86 =	258
+ \$ 290 =	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** =
	Independent (37 CFR 1.16(b))	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** =
	Independent (37 CFR 1.16(b))	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/ 753726

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	43	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	43 minus 20 =	23
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	414
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	1124

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5.19.08

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	**
Independent	•	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

11.30.03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	**
Independent	•	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

4.30.04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus	**
Independent	•	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.